

JAN 14 1942
Registration District No. 515

Primary Registration District No. 5684

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Dawn *12610 Main St*
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 60 yrs. / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward J. Williams

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Williams
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February 11 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 6 hr. min.

9. Birthplace Dawn Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name David P. Williams
13. Birthplace Unknown Wales
(City, town, or county) (State or foreign country)
14. Maiden name Joan Williams
15. Birthplace Unknown Wales
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. J. Williams
(b) Address Dawn, Missouri
17. (a) Burial (b) Date thereof 12-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Welch Cemetery.

18. (a) Signature of funeral director F. B. Norman Funeral Home
(b) Address Chillicothe, Missouri.
19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Dawn
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1941 hour 10-30 minute A M.

21. I hereby certify that I attended the deceased from Dec 17
1941 to Dec 17 1941
that I last saw him alive on Dec 17
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery
Obstruction Duration 1 week

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Geo. Moore (M. D. or other)
Address Chillicothe, Mo. Date signed 12/19

REVISED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Elton F. Norman

Licensed Embalmer No. 4036

Chillicothe, Mo.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42438
Registrar's No.

Registration District No. 515 Primary Registration District No. 5684

1. PLACE OF DEATH:

- (a) County Livingston
(b) City or town Dawson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Edward J. Williams

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Feb 11 1888

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

(If less than one day)

40

10

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____

(Burial, cremation, or removal)

- (b) Date thereof _____

(Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) 12-22-1941

(Date received local registrar)

- (b) Mary E. Griffiths

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him _____ live on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and change. It begins with the first people who lived on this land, and continues through the years of exploration, settlement, and the struggle for independence. The story is one of a people who have built a nation of freedom and opportunity, and who have fought to protect those values through the years.

The early years of the United States were marked by the struggle for independence from Great Britain. The American Revolution was a fight for the right of self-government, and it was a fight that was won. The United States was born, and it has since then grown into a great nation.

The story of the United States is a story of many different people, and of many different experiences. It is a story of the people who have built this nation, and of the people who have lived and died for it. It is a story of the values that have shaped this nation, and of the values that we still hold dear today.

The history of the United States is a story of a people who have built a nation of freedom and opportunity, and who have fought to protect those values through the years. It is a story of a people who have made a great contribution to the world, and who have shown the way to a better future for all.